



Cobb County Business License Division
191 Lawrence Street, Marietta, GA 30060-1692
Phone (770) 528-8410 Fax (770) 528-8414
Web site Address - www.cobbcounty.org

Attorney Occupation Tax Form

Payment must be filed with this form to pay Occupation Tax. You will not be billed.

This Business is: ☐ New to Cobb County
☐ Ownership Change / Date ownership changed _____
☐ I am filing a name/or address change for # _____

Is this business located: ☐ Outside Cobb ☐ In Unincorporated Cobb ☐ Inside a City

1. Name Doing Business As _____ Phone # () _____

2. Name of Corporation _____

3. Business Address _____ Suite# _____ City _____ State _____ Zip _____

4. Mailing Address _____ Suite# _____ City _____ State _____ Zip _____

5. Is property zoned? ☐ Residential ☐ Commercial ☐ Industrial

Full Detailed Description of Business _____

6. Are you an individual professional operating in a larger practice? ☐ Yes ☐ No

7. Estimated Gross Receipts in GA from this location for the remaining calendar year. \$ _____

8. Date Business began in Cobb County _____

If a firm, answer questions 9-13. If an individual professional, please skip to question #13.

9. President/ Managing Member _____ SSN# _____
Home Address _____ Apt# _____ City _____ State _____ Zip _____
Home Phone () _____ D/O/B ____/____/____/Drivers License # _____ State _____

10. Vice President/ Member _____ SSN# _____
Home Address _____ Apt# _____ City _____ State _____ Zip _____
Home Phone () _____ D/O/B ____/____/____/Drivers License # _____ State _____

11. Secretary/ Member _____ SSN# _____
Home Address _____ Apt# _____ City _____ State _____ Zip _____
Home Phone () _____ D/O/B ____/____/____/Drivers License # _____ State _____

12. Treasurer/ Member _____ SSN# _____
Home Address _____ Apt# _____ City _____ State _____ Zip _____
Home Phone () _____ D/O/B ____/____/____/Drivers License # _____ State _____

13. Individual professional _____ SSN# _____
Home Address _____ Apt# _____ City _____ State _____ Zip _____
Home Phone() _____ D/O/B ____ / ____ / ____ / Drivers License # _____ State _____

14. Person Completing Application _____ Title _____
Business Address _____ Apt# _____ City _____ State _____ Zip _____
Business Phone() _____ Fax () _____

If this property is zoned residential, no clients, employees, sales, deliveries, storage of inventory, or equipment are allowed on the premises. Only one commercial vehicle not to exceed 12,500 pounds gross weight used as transportation by the occupant may be parked at the residence.

I will comply with the Zoning
Restrictions stated above: _____
(initials)

I swear or affirm that I have obtained or will obtain within sixty days of the date of this application a Cobb County Certificate of Occupancy as required by State law for the address listed on this application. I further understand I will call the Fire Marshal's office with any questions regarding a Certificate of Occupancy at (770) 528-8310.

Signature: _____

I, _____, affirm that the facts stated by me are true.

This ____ day of _____, 200__.

Signature of applicant _____
() Owner () Manager () Other specify _____

OFFICE USE ONLY:

Business License # _____ SIC # _____ Category _____ BL STAFF _____

Tax or Fee _____ Penalty _____ Interest _____ Total Due \$ _____

Receipt # _____

Method of payment: CASH / CHECK #
(circle one)

Zoning Division _____ Approved/Denied